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Image# 201607129020404176

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An	Authorized	Committe	e		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing	g, type	12FE4M5		
1911 UNITED							
ADDRESS (number and street)	700 12TH STREET NW	V SUITE 700					
Check if different							
than previously reported. (ACC)	WASHINGTON				DC	20005	
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		S	STATE 🛦	ZIP CO	DE 🛦
C C00508200		3. IS THIS REPORT	× (N	EW I) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		lay 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jı	un 20 (M6)	Sep 2	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q)1)	Apr 20 (M4)	Jı	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q	(c) 12-Day		Primary (12P)	L	General (12G)	Runoff (12R)
October 15	Report for th	ne:	Convention (1	2C)	Special (1	12S)	
Quarterly Report (Q January 31 Year-End Report (Y		lection on	M = M /	D D /	Y Y Y Y	in the State o	f
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G))	Runoff (3	0R)	Special (30S)
Termination Report (TER)	·	lection on	M = M /	D = D /	Y	in the State o	f .
5. Covering Period 04		016	through	M M M	/ D D /	2016	
I certify that I have examined th	is Report and to the be	st of my know	vledge and b	elief it is true	e, correct and	complete.	
Type or Print Name of Treasure	r Sinclair Skinner						
Signature of Treasurer Sincle	air Skinner		[Electronically	<i>Filed]</i> Da	ate 07	/ D D /	2016
NOTE: Submission of false, errone	eous, or incomplete inforn	nation may su	bject the perso	on signing th	s Report to th	e penalties of 2 l	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/20	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **1911 UNITED** 04 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1078.24 January 1, 2016 (b) Cash on Hand at 951.48 Beginning of Reporting Period..... 0.00 20.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1098.24 951.48 6(a) and 6(c) for Column B)..... 65.97 212.73 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 885.51 885.51 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 141913.27 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1911 UNITED

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	0.00	0.00	
(ii) Unitemized	0.00	20.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	0.00	20.00	
(h) Political Porty Committees	0.00	0.00	
(b) Political Party Committees	0.00		
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)	0.00	20.00	
2. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
All Leave Descined	0.00	0.00	
3. All Loans Received	0.00	7	
Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
5. Refunds of Contributions Made		7	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
7. Other Federal Receipts		3 3	
(Dividends, Interest, etc.)	0.00	0.00	
B. Transfers from Non-Federal and Levin Funds	0.00	4	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(7		
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(b) Leviii i ulius (liotti schedule 113)			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	20.00	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	0.00	20.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Janoniaa Tour to Sult	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating			
	Expenditures	65.97	212.73	
	(c) Total Operating Expenditures	65.97	212.73	
22.	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	00.31	212.10	
	Committees	0.00	0.00	
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	
24.	Independent Expenditures			
25	(use Schedule E)	0.00	0.00	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	(use otherwise i)			
26.	Loan Repayments Made	0.00	0.00	
7	Loans Made	0.00	0.00	
	Refunds of Contributions To: (a) Individuals/Persons Other			
	Than Political Committees	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(b) Political Party Committees	3.00		
	(such as PACs)	0.00	0.00	
	(d) Total Contribution Refunds			
	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
29.	Other Disbursements	0.00	0.00	
80.	Federal Election Activity (2 U.S.C. §431(20))			
	(a) Allocated Federal Election Activity			
	(from Schedule H6) (i) Federal Share	0.00	0.00	
	(//			
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
	(c) Total Federal Election Activity (add			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
1.	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65.97	212.73	
	T. 1 = 1 1 1 1 1 1 1 1 1 1			
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	65.97	212.73	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	20.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	20.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	65.97	212.73
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	65.97	212.73

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

separate schedule(s)
ach category of the iled Summary Page

PAGE 6 OF 14

FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Trar	nsaction ID : SC/10.4100
911 UNITED			
LOAN SOURCE Full Name (Last, Fi Liberty Industries LLC	rst, Middle Initial)	☐ Memo Item	Election: Primary General
Mailing Address 700 12th Street NW S	uite 700		Other (specify) ▼
City Washington	State DC ZIP (Code 20005	
Original Amount of Loan	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Perio
10000.0	ז	0.00	10000.00
TERMS Date Incurred	Date Du	VVVV	
05 09 2012	<u> </u>	On Demand 0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if	• •		
1. Full Name (Last, First, Middle Init	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
UBTOTALS This Period This Page (op	tional)	<u>_</u>	10000.00
OTALS This Period (last page in this li	ne only)	>	
arry outstanding balance only to LINE	3. Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SC/10 Transaction ID: SC/10.4100

Sinclair Skinner is the sole individual member for Liberty Industries LLC.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 14
FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Page
IAME OF COMMITTEE (In Full) 1911 UNITED	Transaction ID : SC/10.4367
LOAN SOURCE Full Name (Last, First, Middle Initial) Liberty Industries LLC	Memo Item Election: Primary General
Mailing Address 700 12th Street NW Suite 700	Other (specify) ▼
City Washington State DC ZIP Coo	de 20005
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS Data la surred	Interest Data
Date Incurred Date Due M M M / D D / Y Y Y Y Y On	Interest Rate Secured: O.00 (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	5000.00
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
TOTALS THIS FERIOU (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) **LOANS** for each category of the Detailed Summary Page

OF 14 PAGE 9 FOR LINE 13 OF FORM 3X

	Detailed Summary Fage
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4415
1911 UNITED	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Memo Item Election:
Liberty Industries LLC	Primary General
Mailing Address 700 12th Street NW Suite 700	Other (specify) ▼
	Code 20005
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period
1986.00	0.00 1986.00
TERMS Date Incurred Date D	Due Interest Rate Secured:
M 05 / 31 / 2013 M M / D D /	On Demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
,I	
SUBTOTALS This Period This Page (optional)	1986.00
FOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 14

FOR LINE 13 OF FORM 3X

		Detailed S	ummary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4508
1911 UNITED				
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	_ N	Nemo Item	lection:
Liberty Industries LLC				Primary General
Mailing Address 700 12th Street NW Suite 70				Other (specify)
				Calc. (cpcs.if)
City Washington		de 20005		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
3000.00		0.00	0	3000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
05 01 / Y Y Y Y Y Y	M M / D D / Y	Demand	0.00	
03 01 2014		Demand		% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Em		
2. Fair Harris (East, Friet, Issuers minus)		ramo or En	.p.oyo.	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Em	nployer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
July State	211 0000	Outstanding:		
-				
SUBTOTALS This Period This Page (optional))		. •	3000.00
TOTALS This Period (last page in this line on	ıly)		. • [,	
				,
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule	D, carry forwar	d to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 14

FOR LINE 13 OF FORM 3X

		Detailed Sumi	mary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4102
1911 UNITED				
LOAN SOURCE Full Name (Last, First, M Sinclair Skinner	iddle Initial)	☐ Mem	o Item E	ection: Primary General
Mailing Address 700 12th Street NW Suite 70	00			Other (specify) ▼
City Washington	State DC ZIP Cod	le 20005		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
10000.00	, ,	0.00		10000.00
TERMS Date Incurred	Date Due	Int	terest Rate	Secured:
05 18 2012	M = M / D = D / Y =	Demand	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Emplo	yer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
SUBTOTALS This Period This Page (optional))			10000.00
TOTALS This Period (last page in this line on	ly)			
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If r	no Schedule D,	carry forward	d to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

	Detailed Summary Page
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4103
1911 UNITED	
LOAN SOURCE Full Name (Last, First, Middle Initial) Sinclair Skinner	Memo Item Election: Primary General
Mailing Address 700 12th Street NW Suite 700	Other (specify)
	e 20005
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	>

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 14

FOR LINE 13 OF FORM 3X

Mailing Address City State ZIP Code Guard Outst 2. Full Name (Last, First, Middle Initial) Mailing Address Occu Amou City State ZIP Code Guard Guard Guard Outst	Transaction ID : SC/10.4368
LOAN SOURCE Full Name (Last, First, Middle Initial) Sinclair Skinner Mailing Address 700 12th Street NW Suite 700 City Washington State DC ZIP Code 20 Original Amount of Loan Cumulative Payment To Date 4614.77 TERMS Date Incurred Date Due 05	- Election:
Mailing Address 700 12th Street NW Suite 700 City Washington State DC ZIP Code 20 Original Amount of Loan Cumulative Payment To Date 4614.77 TERMS Date Incurred Date Due 05 / 24 / 2013 Date Due List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name Mailing Address Occu City State ZIP Code Guarantors (If any) Mailing Address Occu City State ZIP Code Guarantors (If any) Mailing Address Occu Amount City State ZIP Code Guarantors (If any) State ZIP Code Guarantors (If any) Mailing Address Occu Amount City State ZIP Code Guarantors (If any) State Z	- Floation:
City Washington State DC ZIP Code 20 Original Amount of Loan Cumulative Payment To Date 4614.77 TERMS Date Incurred Date Due Mo5 / 24 / 2013 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occu City State ZIP Code Amount Cuty Amount Cuty State ZIP Code City State ZIP Code Amount Cuty Amount Cuty City State ZIP Code Amount Cuty Amount Cuty City State ZIP Code City Amount Cuty Amount Cuty City State ZIP Code City Amount Cuty Amount Cuty City State ZIP Code Cuty Amount Cuty Amount Cuty City State ZIP Code Cuty Amount Cuty City State ZIP Code Cuty City State ZIP Code Cuty City State ZIP Code Cuty City City City State ZIP Code Cuty City City City State ZIP Code Cuty City Ci	Memo Item Election: Primary
City Washington State DC ZIP Code 20 Original Amount of Loan Cumulative Payment To Date 4614.77 TERMS Date Incurred Date Due Mo5 / 24 / 2013 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occu City State ZIP Code Amount Cust, First, Middle Initial) Mailing Address Occu Amount City State ZIP Code City State ZIP Code Amount Cust, First, Middle Initial) Mailing Address Occu Amount City State ZIP Code City State ZIP Code Amount City Amount City State ZIP Code City City State ZIP Code City Amount City State ZIP Code City Amount City State ZIP Code City City State ZIP Code City Amount City Amount City Amount City Amount City City State ZIP Code City City State ZIP Code City City State ZIP Code City Amount City Amount City Amount City Amount City City State ZIP Code City City State ZIP Code	General
Original Amount of Loan Cumulative Payment To Date 4614.77 TERMS Date Incurred Date Due Mos / 24 / 2013 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occu Amount City State ZIP Code Mailing Address Occu Amount City State ZIP Code Amount City Amount City State ZIP Code	Other (specify)
TERMS Date Incurred Date Due Mo5	
TERMS Date Incurred Date Due Mos / 24 / 2013 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occu Amou City State ZIP Code Outst Amou City State ZIP Code City State ZIP Code Amou Guara Outst City State ZIP Code Amou Guara City State ZIP Code City City State ZIP Code Amou Guara	Balance Outstanding at Close of This Period
Date Incurred Date Due Mo5	0.00 4614.77
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occu City State ZIP Code Mailing Address Occu Amout Outst 2. Full Name (Last, First, Middle Initial) Mailing Address Occu Amout Occu Amout Occu City State ZIP Code Occu Amout Occu Am	Interest Rate Secured:
1. Full Name (Last, First, Middle Initial) Mailing Address Occu Amou Guara Outst 2. Full Name (Last, First, Middle Initial) Mailing Address Occu Amou City State ZIP Code Amou Guara Outst	
Mailing Address City State ZIP Code Guard Outst 2. Full Name (Last, First, Middle Initial) Mailing Address Occu Amou City State ZIP Code Guard Outst	
City State ZIP Code Guara Outst 2. Full Name (Last, First, Middle Initial) Name Mailing Address Occu City State ZIP Code Guara Guara Amou	e of Employer
City State ZIP Code Guara Outst 2. Full Name (Last, First, Middle Initial) Mailing Address Occu Amou City State ZIP Code Guara	pation
2. Full Name (Last, First, Middle Initial) Mailing Address Occu Amou City State ZIP Code Output Guard	anteed tanding:
City State ZIP Code Guard	e of Employer
City State ZIP Code Guara	pation
Outst	unt anteed anding:
3. Full Name (Last, First, Middle Initial) Name	e of Employer
Mailing Address Occu	pation
	unt anteed anding:
4. Full Name (Last, First, Middle Initial) Name	e of Employer
Mailing Address Occu	pation
	anteed anding:
SUBTOTALS This Period This Page (optional)	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

	9
X	10

14

14 OF

NAME OF COMMITTEE (In Full) **1911 UNITED** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Financial Compliance Whitney Burns Mailing Address P.O. Box 1174 State Zip Code Springfield 22151 Transaction ID: SD10.4104 Outstanding Balance Beginning This Period 2312.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2312.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Vehicle Rental Sinclair Skinner Mailing Address 700 12th Street NW Suite 700 City State Zip Code Washington DC 20005 Outstanding Balance Beginning This Period Transaction ID: SD10.4107 100000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 100000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 102312.50 1) SUBTOTALS This Period This Page (optional)..... 102312.50 2) TOTALS This Period (last page this line number only)..... 39600.77 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 141913.27 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)